

immunity, though mercury will doubtless inhibit and modify syphilitic infection for a season. The cardinal object in our symptomatic therapeutics is to subdue or avert the morbid phenomena. From this it follows that the period of administration of a drug such as mercury should be such that the constitutional effects of the disease may be most powerfully combated at the very outset. As to how long mercurial treatment is to be continued, the answer is made that it should cover a definite period after the recession of all visible signs of the disease, and this is the most practical means of preventing a recurrence of the disease. The author has found that the disease is not only less liable to recur, but the tertiary symptoms, as well as the chronic intermitting conditions, are greatly modified, while superfluous saturation with the drug is avoided. Mercury should not be administered before the appearance of constitutional symptoms, for these are not prevented, nor, indeed, is the disease as a whole mitigated. A further objection to this preventive form of treatment lies in the loss of efficacy which is entailed by the early use of the specific potency of mercurial administration. In fact, there is no drug yet known which will act as a preventive of constitutional syphilis, nor avert the manifestation of symptoms at variable periods, although there are a few exceptions to this general assertion. Further, mercury and the iodides are specific antisymphilitic remedies that modify syphilitic products, but do not destroy the virus.—*Medical Press and Circular*, 1898, No. 3087, p. 1.

Casein Ointment in Dermatology.—M. RABY states that this is: Casein, 14; alkalies, 0.43; glycerin, 7; vaseline, 21; antiseptic, 1; water, a sufficient quantity to 56-57. It is in appearance a white cream, of sufficient consistency, absolutely neutral, and spread over the skin forms, in a few minutes, a flexible and resistant varnish, which is removed simply by washing. Its principal advantage lies in its containing a considerable amount of vaseline, and with it can be incorporated a number of drugs. The alkalies, salts of alkaline reaction, and ammonium sulpho-ichthyolate thicken the ointment, and then it is necessary to add water or diminish the proportion of casein. Acids can be added only in small amount, because they coagulate the casein; but, nevertheless, 1 per cent. of salicylic acid can be incorporated. The hydroxyl derivatives of benzol, as resorcin and pyrogallol, liquefy the casein ointment, but they do not prevent the formation of a varnish upon the skin. The following combinations can be made: 1. Pyrogallol, 10 per cent. 2. Resorcin, 2; zinc oxide, 10 per cent. 3. Precipitated sulphur, 5; zinc oxide, 10; water, 10 per cent. 4. Ammonium sulpho-ichthyolate, 10; resorcin, 1; water, 10 per cent. 5. Tar, 10; water, 10 per cent. 6. Coal-tar, 10 per cent. The casein of commerce seems to be satisfactory. Pure casein is ten times more expensive, but does not give a sensibly better product.—*Nouveaux Remèdes*, 1898, No. 22, p. 505.

Treatment of Fissures of the Nipple with Orthoform.—DRS. CH. MAYGRIER and R. BLONDEL have made use of three methods: 1. Moist dressing. The powdered drug is applied directly to the fissure, and over this are placed compresses of sterilized gauze dipped in sterilized water or boric acid solution and expressed, the whole covered with waterproof tissue. After nursing the dressing is replaced. 2. Dry dressing. This is simply the substitution

of dry, sterilized gauze. 3. Alcoholic dressing. This consists of the application of a few drops of a saturated solution of this drug in 80° alcohol to the fissure and the use of a dry compress. Of these the last is preferable, although all have given good results.—*Revue de Thérapeutique Médico-chirurgicale*, 1898, No. 23, p. 797.

Ozæna Treated by Antidiphtheritic Serum.—DR. FERNAND CATHELIN considers that this disease is produced by the bacillus of Loewenberg. In the instance reported the injections were continued for seven months, with an interval of one month, the total amount used being sixty-three drachms. Local treatment, as douches containing antiseptic substances, must not be neglected. The success obtained warrants further trial of this method.—*L'Echo Médical du Nord*, 1898, No. 46, p. 361.

Marmorek's Serum for Facial Erysipelas.—DR. J. L. ANDRÉ reports five instances of its use. In all these instances the results were satisfactory. Complete and final decline of temperature to normal was observed save after one injection. This fall is rapid, and not by lysis. The remaining of the temperature at a low level proves either that the influence of the serum extends over several days or that the effect of a single dose develops a change in the system which persists a certain time. If this small number of observations shows anything it is that the injections should be repeated at forty-eight hour intervals. That the erysipelas may continue its evolution while the temperature remains normal was demonstrated in one instance, when, although the temperature fell, the cutaneous signs—redness and swelling—persisted for several days, but becoming less day by day. In general, however, all signs disappeared as the temperature fell. The injections are usually harmless; local pain is rare; the urine is unchanged in quantity and quality, and albumin does not appear. The serum employed varied in age from two to fourteen months. The older is less active; that of eight months always gave positive results, not immediate, it is true, but rapid and certain.—*Archives de Médecine et de Pharmacie Militaires*, 1898, No. 11, p. 340.

Injections of Calomel in Lupus Vulgaris.—DR. BERNTHEIM reports a single instance. This patient had been unsuccessfully treated for several years by caustics, scarification, curetting, and tuberculin. At eight-day intervals injections of twelve minims of 10 per cent. emulsion of calomel in olive oil were made. After eight injections distinct decrease in the hyperæmia was observed. A few weeks later all ulcerations were healed, the skin became thin, pale, and normal, and cure was reached in three and one-half months.—*Münchener medicinische Wochenschrift*, 1898, No. 46, S. 1468.

Treatment of Gonorrhœal Arthritis.—DR. LOEWENHARDT administers equal quantities of salol and sandal-wood oil in gelatin capsules, thrice daily, five to ten grains at a dose. The urethral disease must be treated. The joints must be kept at rest, but plaster-of-Paris dressings are to be avoided. The most effective applications are those characterized by a high degree of heat—sand-bags, or natural hot-spring baths, or a hot-air apparatus maintaining a temperature of 212° to 302° F. without disturbing the patient.